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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09

Total Fee Calculation

Total Fee Calculation											
	Fee Cade	Total # Claims	Number Extra	x	Fee	Fee =	Total				
Basic Filing Fee	Sm/Lg.				Sm. Entity	Lg. Eatity	760				
Total Claims >20 Independent Claims >3	203/103	-20 =		x							
Mult Dep Claim Present	<u>202/102</u> <u>204/104</u>	-3 =		X							
Surcharge English Translation	205/105						135/65				
TOTAL FEE CALCULA	139 TION		,			•	59) s				
Fees due upon filing th	e application:										
Total Filing Fees Due =	= S	890		-							
Less Filing Fees Submi	tted - \$	D									
BALANCE DUE	= \$	89V.									
Office of Initial Patent E	xamination										

FORM OIPE-RAM-01 (Rev. 12/97)



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR				R FILED	NUMBER EXTRA			Г	RATE FEE		1	RATE	FEE
								▎▐	NAIL		1	HAIL	
BASIC FEE									380.00	OR		760.00	
TOTAL CLAIMS							X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS							X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								-	TOTAL		OR	TOTAL	74v
CLAIMS AS AMENDED - PART II OTHER THAN													
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
ENT A		CLAI REMAI AFT AMEND	INING ER	,	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=	į	X\$ 9=		OR	X\$18=	
₩	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NTATION	OF ML	JLTIPLE DEI	PENDEN	T CLAIM			+130=			+260=	
									TOTAL		OR	TOTAL	
								Α	DDIT. FEE		OR .	ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Colur				mn 2)	(Column 3)	_					
AMENDMENT B		CLAI REMAI AFT AMEND	INING ER		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	10511	Minus	***	T (0) A (1) A	=		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
								Δ.	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										NDOM: 1 CC			
AMENDMENT C		CLAI REMAI AFTI AMEND	NING ER	0	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NTATION	OF MU	LTIPLE DEF	PENDEN	T CLAIM		十			Un.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													